Pawnee Mental Health Services

503 Grant Ave

Clay Center, KS

67432

Please process this service as month to month, receiving 36m contracted prices.

HCP: 28309

Cox: 143006715

Acct#: 001 1019 04446702

1.5M Metro E 25.L9XX.077585

SA: 503 Grant Avenue Clay Center, KS 67432

End: Central Office - Clay City KS

Rural Rate

Cost 684.00

Urban Rate - 36 month AT&T Switched Ethernet Contract

Cost \$327.58(\$214.50+\$113.08)



PO BOX 747

(NOT FOR PAYMENTS) DEPARTMENT # 102432 PO BOX 1259 OAKS, PA 19456 6400 0090 NO RP 09 05102017 NNNNNNNY 01 001679 0009

PAWNEE MENTAL HEALTH SERVICES

MANHATTAN KS 66505-0747

May 09, 2017

CONTACT US:

www.coxbusiness.com

Page 1 of 6

800-620-6196

Account Number 001 1019 044446702

COX PIN **SERVICE ADDRESS**

425 HOUSTON ST

MANHATTAN, KS 66502-6169

- գոյել հեգունի կումեկիլ ըրդը կիլ հեվ իկին իրումել ույլ հել

Account Summary as of May 9, 2017			
Previous Balance	\$8,360.30		
Payment Received - Apr 24	-\$8,360.30		
Remaining Previous Balance	\$0.00		
New Charges: May 9, 2017 - Jun 8, 2017	7		
Internet	\$1,544.76		
Telephone	\$6,083.00		
Taxes, Fees and Surcharges	\$732.54		
New Charges	\$8,360.30		
Total Due By May 24, 2017	\$8,360.30		

Business*

Make Your Life Easier and GO GREEN! With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at www.coxbusiness.com/myaccount?

May 09, 2017 bill for PAWNEE MENTAL HEALTH SERVICES

Account Number 001 1019 044446702

Service at **425 HOUSTON ST**

MANHATTAN, KS 66502-6169

Total Due By May 24, 2017

\$8,360.30

COX BUSINESS PO BOX 248871 **OKLAHOMA CITY OK 73124-8871** արհայանիկիիիկիիիանականինիիիներինիանում և բանականեր



8400 0090 NO RP 09 05102017 NNNNNNNY 01 001679 0009
May 09, 2017 BIII for PAWNEE MENTAL HEALTH
SERVICES
Account number 001 1019 044446702
Page 2 of 6



Acct # 044446702	PAWNEE MENTAL HEALTH SERVICES
425 HOUSTON ST	
MANHATTAN, KS 66502	-6169

MANHATTAN, KS 66502-6169	
MONTHLY SERVICES May 9 - Jun 8	
INTERNET	
Cox Optical Internet 20 Mbps	\$788.00
Static IP Address	2.00
IP Address Block - /28 (16 IPs)	25.00
CBI Modem	4,99
CBI 10-10 Mbps x 2 Mbps	99.95
Internet Circuit Component	
Occurrence: 001	
ID: 25.HMXX.077545COXC.	
Description: COI 20 Mbps	
Total Internet	\$919.94
TELEPHONE	
Circuit Occurrence: 002	
Circuit 25.L9XX.077590COXC.	
Circuit Description: Metro E-40Mb UNI	
Metro E-40MB UNI Intrastate	\$700.00
Circuit Occurrence: 003	
Circuit 25.CUXX.077494.009.COXC	
Circuit Description: Metro E-40Mb EVC	
Metro E-EVC Intrastate	0.00
Total Telephone	\$700.00
TOTAL MONTHLY SERVICES	\$1,619.94
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges Fees and Surcharges	
State Universal Service Fund	\$50.75

Taxes, Fees and Surcharges cont. Total Telephone Taxes, Fees and Surcharges	\$50.75
Total Taxes, Fees and Surcharges	\$50.75
TOTAL FOR SERVICE ACCOUNT	\$1,670.69
Acct # 035635301 PAWNEE MENTAL HEALTH 814 CAROLINE AVE JUNCTION CITY, KS 66441-5210	SERVICES
MONTHLY SERVICES May 9 - Jun 8	
INTERNET	
CBI Modem	\$4.99
CBI 50-50 Mbps x 10 Mbps	179.95
Total Internet	\$184.94
TELEPHONE	
Circuit Occurrence: 001	
Circuit 25.L9XX.077565COXC.	
Circuit Description: Metro E-5Mb	
Metro E-5MB UNI Interstate	\$410.00
Circuit Occurrence: 002	
Circuit Not Available	
Circuit Description: Not Available	
Metro E-EVC Interstate Total Telephone	0.00 \$410.00
TOTAL MONTHLY SERVICES	\$594,94
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges Fees and Surcharges	
Federal Universal Service Fund	\$71.34
Total Fees and Surcharges	\$71.34 \$71.34
Total Telephone Taxes, Fees and Surcharges	\$71.34



Payment options

Total Fees and Surcharges

Online: Visit cox.com to register for 24-hour online access or make payments to your account.

Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

\$50.75

in Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.



|--|

Taxes, Fees and Surcharges cont.	
Total Taxes, Fees and Surcharges	\$71.34
TOTAL FOR SERVICE ACCOUNT	\$666,28
Acct # 063006301 PAWNEE MENTAL HEALTH S 2001 CLAFLIN RD	ERVICES
MANHATTAN, KS 66502-3415	
MONTHLY SERVICES May 9 - Jun 8	
INTERNET	
CBI Modem	\$4.99
CBI 100 - 100 Mbps x 20 Mbps	249.95
Total Internet	\$254.94
TELEPHONE	
Circuit Occurrence: 001	
Circuit 25.L9XX.077561COXC. Circuit Description: 10Mb Metro E - UNI	
Metro E-10MB UNI Intrastate	\$525.00
Circuit Occurrence: 002	
Circuit 25.CUXX.077494.003.COXC.	
Circuit Description: 10Mb Metro E EVC	
Metro E-EVC Intrastate	0.00
Total Telephone	\$525.00
TOTAL MONTHLY SERVICES	\$779.94
Taxes, Fees and Surcharges	***************************************
Telephone Taxes, Fees and Surcharges Fees and Surcharges	
State Universal Service Fund	\$38.06
Total Fees and Surcharges	\$38.06
Total Telephone Taxes, Fees and Surcharges	\$38.06
Total Taxes, Fees and Surcharges	\$38.06
TOTAL FOR SERVICE ACCOUNT	\$818.00
Acct # 071093601 PAWNEE MENTAL HEALTH	SERVICES
1558 HAYES DR MANHATTAN, KS 66502-5068	
MONTHLY SERVICES May 9 - Jun 8	
INTERNET	
CBI Modem	\$4.99
CBI 50-50 Mbps x 10 Mbps	179.95
Total Internet	\$184.94
TELEPHONE	
Circuit Occurrence: 001	e de la companya de
Circuit 25.L9XX.077560COXC.	

Circuit Description: Metro E-5Mb

Metro E-5MB UNI Interstate

Circuit Description: Not Available

Circuit Occurrence: 002 Circuit Not Available

Monthly Services cont.	0.00
Metro E-EVC Interstate	0.00 \$410.00
Total Telephone	\$410.00
TOTAL MONTHLY SERVICES	\$594.94
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges Fees and Surcharges	
Federal Universal Service Fund	\$71.34
Total Fees and Surcharges	\$71.34
Total Telephone Taxes, Fees and Surcharges	\$71.34
Total Taxes, Fees and Surcharges	\$71.34
TOTAL FOR SERVICE ACCOUNT	\$666.28
Acct # 076528201 PAWNES NENTAL HEALTH	SERVICES
210 W 21ST ST CONCORDIA, KS 66901-5200	
MONTHLY SERVICES May 9 - Jun 8	
TELEPHONE	
Circuit Occurrence: 001 Circuit 25:19XX 077578, COXC, Circuit Description: Metro E-5Mb	
Metro E-5MB UNI Intrastate	\$1,986.00
Circuit Occurrence: 002	
Circuit Not Available	
Circuit Description: Not Available	
Metro E-EVC Intrastate	0.00
Total Telephone	\$1,986.00
TOTAL MONTHLY SERVICES	\$1,986.00
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges Fees and Surcharges	
State Universal Service Fund	\$143.99
Total Fees and Surcharges	\$143,9
Total Telephone Taxes, Fees and Surcharges	\$143.9
Total Taxes, Fees and Surcharges	\$143.9
TOTAL FOR SERVICE ACCOUNT	\$2,129.9
	SERVICES
Acct # 076528701 PAWNEE MENTAL HEALTH	
Acct # 076528701 PAWNEE MENTAL HEALTH 503 GRANTAVE CEAY CENTER: KS: 67432-2931	



\$410.00

Circuit Occurrence: 001 Circuit 25.L9XX,077585.COXC.
Circuit Description: Metro E-1.5Mb
Metro E-1.5MB UNI Interstate



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May 09, 2017 Bill for PAWNEE MENTAL HEALTH
SERVICES
Account number 001 1019 044446702
Page 4 of 6

Monthly Services cont.	
Circuit Occurrence; 002	
Circuit Not Available	
Circuit Description: Not Available	
Metro E-EVC Interstate	0.00
Total Telephone	\$684.00
TOTAL MONTHLY SERVICES	\$684.00
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges Fees and Surcharges	
Federal Universal Service Fund	\$119.02
Total Fees and Surcharges	\$119.02
Total Telephone Taxes, Fees and Surcharges	\$119.02
Total Taxes, Fees and Surcharges	\$119.02
TOTAL FOR SERVICE ACCOUNT	\$803.02
Acct # 076528801 PAWNEE MENTAL HEALTH S	ERVICES
207 NUMBERST BELOTT, KS:67420-2353	
MONTHLY SERVICES May 9 - Jun 8	
TELEPHONE	
Circuit Occurrence: 001 Circuit 25.19XX.077586.COXC	
Circuit Description: Metro E-1.5Mb Metro E-1.5MB UNI Interstate	\$684.00
Circuit Occurrence: 002	
Circuit Not Available	
Circuit Description: Not Available	
Metro E-EVC Intrastate	0.00
Total Telephone	\$684.00
TOTAL MONTHLY SERVICES	\$684.00
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
Federal Universal Service Fund	\$119.02
Total Fees and Surcharges	\$119.02
Total Telephone Taxes, Fees and Surcharges	\$119.02
Total Taxes, Fees and Surcharges	\$119.02
TOTAL FOR SERVICE ACCOUNT	\$803.02
Acct # 076709401 PAWNEE MENTAL HEALTH S	ERVICES"
MARYSVILLE KS 66508-1496	· · · · · · · · · · · · · · · · · · ·

May 9 - Jun 8

TELEPHONE

MONTHLY SERVICES

Monthly Services cont. Circuit Occurrence; 001 Circuit 25.L9XX.077587, COXC. Circuit Description: 5Mb Metro E UNI - Type II Metro E-1,5MB UNI Interstate Circuit Occurrence: 002 Circuit 25.CUXX.077494,008.COXC Circuit Description: 5Mb Metro E EVC - Type II Metro E-EVC Intrastate 0,00 **Total Telephone** \$684,00 **TOTAL MONTHLY SERVICES** \$684.00 Taxes, Fees and Surcharges Telephone Taxes, Fees and Surcharges Fees and Surcharges Federal Universal Service Fund \$119.02 Total Fees and Surcharges \$119.02 **Total Telephone Taxes, Fees and Surcharges** \$119.02 **Total Taxes, Fees and Surcharges** \$119.02 **TOTAL FOR SERVICE ACCOUNT** \$803.02 **TOTAL NEW CHARGES** \$8,360.30

CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On

Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services

If your modem is disconnected or moved, or its battery is not charged or otherwise falls, phone service, including access to 911 services will not be available.

6400 0090 NO RP 08 05102017 NNNNNNNY 01 001679 0009
May 09, 2017 BIII for PAWNEE MENTAL HEALTH
SERVICES
Account number 001 1019 044446702

Account number **001 1019 04444670** Page **5** of 6



Please review the following website for additional important information about Cox's 911 practices:

http://ww2.cox.com/business/voice/regulatory.cox

Pay Per Call Charges

If you dispute any 900 or 700 information service charges, you may be entitled to a credit. You must request this credit by calling or writing Cox Communications within 30 days of receipt of this bill. Pending review, you may withhold payment of the disputed amount and collection of those charges will be suspended. You have the right to not be billed for interstate 900 calls that violate federal law. You may request blocking of 900 services. You may be blocked from calling a 900 number for failure to pay legitimate 900 call charges and the information service provider may seek collection of those charges.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.





FCC Form

466

Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB 3060-0804

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

Re	ad instructions thoroughly before completing	ng this form. Failure to	compl	y may cause	delayed or	e per response: 3 hours denied funding.
ВІ	Block 1: HCP Information					
1	HCP Name Pawnee Mental Health Center	- Mar <u>y</u> sville	2	HCP Number	14656	
_		Consortium Name (If any)		· · · · · · · · · · · · · · · · · · ·		
В	ock 2: Bill Payer Information					
5		nter - Marysville	6	Billed Entity F	CC RN 0011	1656840
7	Contact Name Robert Hanson					
8	Address Line 1 406 North 3rd Street					
9	Address Line 2					
10	City Marysville		11	State KS	12 Zip 66	5508
	Contact Phone #785-587-4300 14 F	ax#	15	Email robert.		
图	ock 3: Funding Year Information					
16	Funding Year - Check only one box Year 2014 (7/1/2014-6/30/2015)					
Blo	ock 4: Service Information	Year 2015 (7/1/2015-6	5/30/2016	6) <u>X</u>	Year 2016 (7	7/1/2016-6/30/2017)
	Type of Service & Circuit Bandwidth (Documentation	required) 1.5 Mbps Et	hornot			
18	Total Billed Miles 0	19 Maximum A		Distance /Erom	Farm AGEV	400
20	Percentage of HCP's service used for the provision	of health care 1	00			
	If the HCP indicated it is a part-time eligible entity (o			(If less than 10)	0%, piease ex	xpiain.)
	1	cim roof, docombo mo	uiou oi a	nocating prorate	sa support.	
						
	દેવામાજનાવા મહિલાતાનું દિવન	Gerrito /A	GETER	reto El	C TELLS	เลือกตั ร ะกำ อี ก
21	Service Provider Name	Cox Business			and the second of the	
22	Service Provider Identification Number (SPIN)	143006715				+
23	Service Provider Contact Person Name	Cynthia				
24	Service Provider Contact Person's Phone #	316-260-7425	74			
25	Service Provider Contact Person Email	cynthia.schmucker@cox				
26	Circuit Start Location	406 North 3rd	7		· · · · · · · · · · · · · · · · · · ·	
27	Circuit Termination Location	Central Office				
28	Billing Account Number	001 1019				
29	Tariff, Contract or other document reference number	NA NA			·	
	Date Contract Signed or Date HCP Selected Carrier	04/30/2015				
	Contract Expiration Date (mm/dd/yyyy or NA if MTM)	MTM				
	Service Installation Date	04/30/2015			 	
33	Actual Rural Rate per Month (Enclose Documentatio	n) 684.00				
34	If you are a consortium member OR have multiple ca	rriers, please attach a Circ	uit Diagr	am to show how	w the sites	
	interconnect and which carrier(s) provides each circu	it segment. Circuit	Diagram	included:	Yes	X No
35	Are you a mobile rural health care provider?	Yes X No If yes, s	see instru	ctions and atta		sites to be served.

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE				
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND				
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PI	ROCESSED IF	BOTH BLOCKS ARE CO	MPLETED.	
Block 5: Mileage-based Charge Discount Request				
Complete this block if you are seeking support for mileage (distance-base)	ased) charges o	nly. Do not enter any other	er charges in this bloc	k. You may need
to ask your service provider representative to provide this information				
36 Billed Circuit Miles	0	·		
37 Monthly Mileage Charges (Exclude Channel Termination chgs, et	tc.) º			
38 Cost per Mile per Month	0			
If Line 33 equals Line 37, please ensure that ONLY mileage-re	elated charges	are included in Line 37.	. (See instructions.)	
Block 6: Comprehensive Rate Comparison Request				
Complete Block 6 if you have not completed Block 5 and are requesting the provision of bookth age. The information in this block will not a blink	ng support for al	l elements of your telecom	nmunications service	necessary for
the provision of health care. The information in this block will establish Please contact RHCD at (800 453-1546 if you need assistance.	the difference t	petween the urban and rur	rai rates for your requ	ested service.
39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD				
website: or Other rate documentation attached:	327.58			
If your circuit includes charges for mileage over the Maximum Alk	owable Dist., (Li	ne 19), please complete L	ines 42 to 44. Other	vise, skip to Block 7.
	0			
43 Monthly Mileage Based Charges	0		,	
	0			
Block 7: Bid Documentation				
45 Did you receive any bids in response to the Form 465 Request for	r Services poste	ed on the RHCD website?	Yes	X No
If you checked yes, copies of the bids MUST be submitted to RH0				<u> </u>
Block 8: Certification				
46 X I certify that the above named entity has considered all bid				
requested service or services. The "most cost-effective ser				
lowest cost after consideration of the features, quality of tra				ovider deems
necessary for the service to adequately transmit the health	n care services	required by the health care	e provider.	
47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify the	hat the HCP or	consortium that I am repre	esenting satisfies all o	f the
requirements herein and will abide by all of the relevant re-				
service benefits provided under 47 U.S.C. Sec. 254. I under			roneously states that	funds will be
made available for the benefit of the applicant may be subj	ject to rescissio	n.		
48 X I hereby certify that the billed entity will maintain complete billing records for the service for five years.				
49 X I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this				
form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.				
50 Signature 51 Date 07/27/2017				
50 Signature		51 Date 07/27/2017		on are true.
(SV) W/m		51 Date 07/27/2017		
50 Signature 52 Printed name of authorized person Geoff Boggs		 51 Date 07/27/2017 53 Title or position of au 		
52 Printed name of sutflorized person Geoff Boggs		 51 Date 07/27/2017 53 Title or position of au 	uthorized person CE	
(SV) W/m		51 Date 07/27/2017	uthorized person CE	

Please remember:

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately and submit a revised Form 466.
- If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal. https://forms.universalservice.org/usaclogin/login.asp Pawnee Mental Health Services 406 N 3rd St Marysville, KS 66508

Please process this service as month to month, still receiving 36m contracted prices.

HCP: 14656

Cox 143006715

Acct # 001 1019 044446702

Metro E 1.5M

25.L9XX.077587.COXC

SA: 406 North 3rd Street Marysville, KS 66508

End: Central Office - Marysville, KS

Rural Rate

Cost

\$684.00

Urban Rate - 36 month AT&T switched Ethernet contract

Cost \$327.58(\$214.50+\$113.08)



(NOT FOR PAYMENTS) DEPARTMENT # 102432 PO BOX 1259 OAKS, PA 19456 6400 0090 NO RP 09 05102017 NNNNNNNY 01 001879 0009

PAWNEE MENTAL HEALTH SERVICES PO BOX 747 MANHATTAN KS 66505-0747



May 09, 2017

CONTACT US:

www.coxbusiness.com

Page 1 of 6

800-620-6196

COX PIN

Account Number 001 1019 0 44446702

425 HOUSTON ST SERVICE ADDRESS

MANHATTAN, KS 66502-6169

- գոլինանիկումիկութինակին արևութիրանին

Account Summary as of May 9	, 2017
Previous Balance	\$8,360.30
Payment Received - Apr 24	-\$8,360.30
Remaining Previous Balance	\$0.00
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Make Your Life Easier and GO GREEN! With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at www.coxbusiness.com/myaccounti

May 09, 2017 bill for PAWNEE MENTAL HEALTH SERVICES

Account Number 001 1019 044446702

425 HOUSTON ST Service at

MANHATTAN, KS 66502-6169

Total Due By May 24, 2017

\$8,360.30

COX BUSINESS PO BOX 248871 **OKLAHOMA CITY OK 73124-8871** գկորոցիլդիիդութիկիրինիկիդինինի



8400 0090 NO RP 09 05102017 NNNNNNNY 01 001679 0009
May 09, 2017 Bill for PAWNEE MENTAL HEALTH
SERVICES
Account number 001 1019 044446702
Page 2 of 6



	Acct # 044446702 PAWNEE MENTAL HEALTH 425 HOUSTON ST	SERVICES
	MANHATTAN, KS 66502-6169	
	MONTHLY SERVICES May 9 - Jun 8	***************************************
	INTERNET	
	Cox Optical Internet 20 Mbps	\$788.00
	Static IP Address	2.00
	IP Address Block - /28 (16 IPs)	25.00
	CBI Modem	4,99
	CBI 10-10 Mbps x 2 Mbps	99.95
	Internet Circuit Component	
	Occurrence: 001	
	ID: 25.HMXX.077545COXC.	
_	Description: COI 20 Mbps	
	Total Internet	\$919.94
	TELEPHONE	
	Circuit Occurrence: 002	
	Circuit 25.L9XX.077590COXC.	
	Circuit Description: Metro E-40Mb UNI	
	Metro E-40MB UNI Intrastate	\$700.00
	Circuit Occurrence: 003	
	Circuit 25.CUXX.077494.009.COXC	
	Circuit Description: Metro E-40Mb EVC	
_	Metro E-EVC Intrastate	0.00
_	Total Telephone	\$700.00
	TOTAL MONTHLY SERVICES	\$1,619.94
(Taxes, Fees and Surcharges	
	Telephone Taxes, Fees and Surcharges Fees and Surcharges	

Taxes, Fees and Surcharges cont.	
Total Telephone Taxes, Fees and Surcharges	\$50.75
Total Taxes, Fees and Surcharges	\$50.75
TOTAL FOR SERVICE ACCOUNT	\$1,670.69
Acct # 035635301 PAWNEE MENTAL HEALTH	SERVICES
814 CAROLINE AVE	
JUNCTION CITY, KS 66441-5210	
MONTHLY SERVICES May 9 - Jun 8	
INTERNET	
CBI Modem	\$4.99
CBI 50-50 Mbps x 10 Mbps	179.95
Total Internet	\$184.94
TELEPHONE	
Circuit Occurrence; 001	
Circuit 25,L9XX.077565COXC.	
Circuit Description: Metro E-5Mb	
Metro E-5M8 UNI Interstate	\$410.00
Circuit Occurrence: 002	
Circuit Not Available	
Circuit Description: Not Available	
Metro E-EVC Interstate	0.00
Total Telephone	\$410.00
TOTAL MONTHLY SERVICES	\$594.94
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
Federal Universal Service Fund	\$71.34
Total Fees and Surcharges	\$71.34
Total Telephone Taxes, Fees and Surcharges	\$71.34



Payment options

State Universal Service Fund

Total Fees and Surcharges

Online: Visit cox.com to register for 24-hour online access or make payments to your account.

Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

\$50.75

\$50.75

in Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.



	11.		
			5. 46. 35.

Taxes, Fees and Surcharges cont.	
Total Taxes, Fees and Surcharges	\$71.34
TOTAL FOR SERVICE ACCOUNT	\$666,28
Acct # 063006301 PAWNEE MENTAL HEALTH S	SERVICES
2001 CLAFLIN RD	
MANHATTAN, KS 66502-3415	
MONTHLY SERVICES May 9 - Jun 8	
INTERNET	
CBI Modem	\$4.99
CBI 100 - 100 Mbps x 20 Mbps	249.95
Total Internet	\$254.94
TELEPHONE	
Circuit Occurrence: 001	
Circuit 25,19XX.077561COXC.	
Circuit Description: 10Mb Metro E - UNI	*F2F 00
Metro E-10MB UNI Intrastate	\$525.00
Circuit Occurrence: 002 Circuit 25.CUXX.077494.003.COXC.	
Circuit Description: 10Mb Metro E EVC	
Metro E-EVC Intrastate	0.00
Total Telephone	\$525.00
TOTAL MONTHLY SERVICES	\$779.94
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
State Universal Service Fund	\$38.06
Total Fees and Surcharges	\$38.06
Total Telephone Taxes, Fees and Surcharges	\$38.06
Total Taxes, Fees and Surcharges	\$38.06
TOTAL FOR SERVICE ACCOUNT	\$818.00
Acct # 071093601 PAWNEE MENTAL HEALTH	SERVICES
1558 HAYES DR	
MANHATTAN, KS 66502-5068	
MONTHLY SERVICES May 9 - Jun 8	
INTERNET	
CBI Modern	\$4.99
CBI 50-50 Mbps x 10 Mbps	179.95
Total Internet	\$184.94
TELEPHONE	

Circuit Occurrence: 001 Circuit 25.L9XX.077560..COXC.

Circuit Not Available

Circuit Description: Metro E-5Mb

Metro E-5MB UNI Interstate Circuit Occurrence: 002

Circuit Description: Not Available

\$410.00

Metro E-EVC Interstate	0.00
Total Telephone	\$410.00
TOTAL MONTHLY SERVICES	\$594.94
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
Federal Universal Service Fund	\$71.34
Total Fees and Surcharges	\$71.34
Total Telephone Taxes, Fees and Surcharges	\$71.34
Total Taxes, Fees and Surcharges	\$71.34
TOTAL FOR SERVICE ACCOUNT	\$666.28
Acct # 07/65/28/201 PAWNEEN ENTAL HEALTH	SERVICES
216W24SEST	
CONCORDIA, KS 66901-5200	
MONTHLY SERVICES May 9 - Jun 8	
TELEPHONE	
Circuit Occurrence: 001	
Circuit 25.L9XX.077578COXC	
Circuit Description: Metro E-5Mb	
Metro E-SMB UNI Intrastate	\$1,986.00
Circuit Occurrence: 002 Circuit Not Available	
Circuit Not Available Circuit Description: Not Available	
Metro E-EVC Intrastate	0.00
Total Telephone	\$1,986.00
TOTAL MONTHLY SERVICES	\$1,986.00
Taxes, Fees and Surcharges	A
Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
State Universal Service Fund	\$143.99
Total Fees and Surcharges	\$143.9
Total Telephone Taxes, Fees and Surcharges	\$143.9
Total Taxes, Fees and Surcharges	\$143.9
TOTAL FOR SERVICE ACCOUNT	\$2,129.9
Acct # 076528701 PAWNEE MENTAL HEALTH	SERVICES
503 GRANTAVE GLAY CENTER, KS 67432-2931	
MONTHLY SERVICES May 9 - Jun 8	
TELEPHONE	
Circuit Occurrence: 001	

Metro E-1,5MB UNI Interstate



\$119.02

\$803.02

\$8,360.30

6400 0090 NO RP 09 05102017 NNNNNNNY 01 001678 0009
May 09, 2017 Bill for PAWNEE MENTAL HEALTH
SERVICES
Account number 001 1019 044446702
Page 4 of 6

Monthly Services cont.	
Circuit Occurrence: 002	
Circuit Not Available	
Circuit Description: Not Available	
Metro E-EVC Interstate	0.00
Total Telephone	\$684.00
TOTAL MONTHLY SERVICES	\$684.00
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges Fees and Surcharges	
Federal Universal Service Fund	\$119.02
Total Fees and Surcharges	\$119.02
Total Telephone Taxes, Fees and Surcharges	\$119.02
Total Taxes, Fees and Surcharges	\$119.02
TOTAL FOR SERVICE ACCOUNT	\$803.02
Acct # 076528801 PAWNEE MENTAL HEALTH	SERVICES
207 NEMIELST BE(6)1, K2 67420-2353	
MONTHLY SERVICES May 9 - Jun 8	
TELEPHONE	
Circuit Occurrence: 001 Circuit 25.19XX,077586. COXC	
Circuit Description: Metro E-1.5Mb	
Metro E-1.5MB UNI Interstate	\$684,00
Circuit Occurrence: 002	
Circuit Not Available	
Circuit Description: Not Available	
Metro E-EVC Intrastate	0.00
Total Telephone	\$684.00
TOTAL MONTHLY SERVICES	\$684.00
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
Federal Universal Service Fund	\$119.02
Total Fees and Surcharges	\$119.02
Total Telephone Taxes, Fees and Surcharges	\$119.02
Total Taxes, Fees and Surcharges	\$119.02

MONTHLY SERVICES May 9 - Jun 8

Acct # 076709401 PAWNEE MENTAL HEALTH SERVICES

TOTAL FOR SERVICE ACCOUNT

MARYSVILLE, KS 66508-1496

TELEPHONE

406 N 3RD ST

Monthly Services cont. Circuit Occurrence: 001

Circuit 25,L9XX.077587.COXG	
Circuit Description: 5Mb Metro E UNI - Type II	
Metro E-1.5MB UNI Interstate	\$584.00
Circuit Occurrence: 002	***************************************
Circuit 25.CUXX.077494,008.COXC	
Circuit Description: 5Mb Metro E EVC - Type II	
Metro E-EVC Intrastate	0.00
Total Telephone	\$684.00
TOTAL MONTHLY SERVICES	\$684.00
TOTAL MONTHLY SERVICES Taxes, Fees and Surcharges	\$684.00
	\$684.00
Taxes, Fees and Surcharges	\$684.00
Taxes, Fees and Surcharges Telephone Taxes, Fees and Surcharges	\$684.00 \$119.02
Taxes, Fees and Surcharges Telephone Taxes, Fees and Surcharges Fees and Surcharges	

CUSTOMER INFORMATION

TOTAL NEW CHARGES

Total Taxes, Fees and Surcharges

TOTAL FOR SERVICE ACCOUNT

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services

\$803.02

If your modem is disconnected or moved, or its battery is not charged or otherwise falls, phone service, including access to 911 services will not be available.

6400 0090 NO RP 08 05102017 NNNNNNNY 01 001678 0009

May 09, 2017 BIII for PAWNEE MENTAL HEALTH SERVICES

Account number **001 1019 044446702** Page **5** of 6



Please review the following website for additional important information about Cox's 911 practices:

http://ww2.cox.com/business/voice/regulatory.cox

Pay Per Call Charges

If you dispute any 900 or 700 Information service charges, you may be entitled to a credit. You must request this credit by calling or writing Cox Communications within 30 days of receipt of this bill. Pending review, you may withhold payment of the disputed amount and collection of those charges will be suspended. You have the right to not be billed for interstate 900 calls that violate federal law. You may request blocking of 900 services. You may be blocked from calling a 900 number for failure to pay legitimate 900 call charges and the information service provider may seek collection of those charges.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.





FCC Form **466**

Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB 3060—0804

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Bloc	ck 1: HCP Information						
	HCP Name Pawnee Mental Health Co	enter - M	itchell County		2 HCP Number	28308	
3 F	Form 465 Application #43166209	4 Cons	ortium Name (If any)				
	ck 2: Bill Payer Information		·				
	Billed Entity Name Pawnee Mental Heal	th Cente	r - Mitchell County		6 Billed Entity Fo	CC RN 00116	56840
7 (Contact Name Robert Hanson						
8 /	Address Line 1 207-5 North Mill Street					•	
9 /	Address Line 2						
10 (City Beloit				11 State KS	12 Zip 6742	20
	Contact Phone #785-587-4300	14 Fax #	‡		15 Email robert.	hanson@pav	vnee.org
	ck 3: Funding Year Information						
16 [Funding Year - Check only one boxYear 2014 (7/1/2014-6/30/2015)]Year 2015 (7/1/2015-6	6/30/2	2016) ×]Year 2016 (7/1	/2016-6/30/2017)
	ck 4: Service Information						
	Type of Service & Circuit Bandwidth (Docum	entation re					
18	Total Billed Miles 0				able Distance (Fron		
	Percentage of HCP's service used for the pro-			100	· · · · · · · · · · · · · · · · · · ·	00%, please exp	lain.)
ا	If the HCP indicated it is a part-time eligible o	entity (on F	orm 465), describe met	thod	of allocating prorat	ed support.	
_ ا							
1 _							
	्रिका स्टब्स्टिक स्टिब्सिक स्टिब्स्टिक						janar d
	Service Provider Name		Cox Business				
	Service Provider Identification Number (SPII	V)	143006715				
23	Service Provider Contact Person Name		Cynthia			.	
24	Service Provider Contact Person's Phone #		316-260-7425				
25	Service Provider Contact Person Email		cynthia.schmucker@cox				
26	Circuit Start Location		207-5 North Mill				
27	Circuit Termination Location		Central Office				
28	Billing Account Number		001 1019				
29	Tariff, Contract or other document reference	number	NA				
30	Date Contract Signed or Date HCP Selected	l Carrier	04/30/2015				
31	Contract Expiration Date (mm/dd/yyyy or NA	(if MTM)	МТМ				
32	Service Installation Date		04/30/2015				
33	Actual Rural Rate per Month (Enclose Docu	mentation)	684.00				
	If you are a consortium member OR have m interconnect and which carrier(s) provides e	•	•		Diagram to show higram included:	ow the sites Yes	X No
35	Are you a mobile rural health care provider?		Yes X No If yes,	. see	instructions and at	tach a list of all s	ites to be served.

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE			
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND			
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.			
Block 5: Mileage-based Charge Discount Request			
Complete this block if you are seeking support for mileage (distance-b	ased) charges	only. Do not enter any other charges in this block. You may need	
to ask your service provider representative to provide this information			
36 Billed Circuit Miles	0		
37 Monthly Mileage Charges (Exclude Channel Termination chgs, e	tc.) º		
38 Cost per Mile per Month	0		
If Line 33 equals Line 37, please ensure that ONLY mileage-	related charges	are included in Line 37. (See instructions.)	
Block 6: Comprehensive Rate Comparison Request			
Complete Block 6 if you have not completed Block 5 and are requesting			
the provision of health care. The information in this block will establish	the difference	between the urban and rural rates for your requested service.	
Please contact RHCD at (800 453-1546 if you need assistance.			
39 One-time Urban Rate Charge (in selected large city)			
40 One-time Rural Rate Charge (in city where HCP is located)			
41 Monthly Urban Rate (in selected large city). From RHCD website: or Other rate documentation attached:	327.58		
	5: 4 4	1 40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		ine 19), please complete Lines 42 to 44. Otherwise, skip to Block	
42 Billed Circuit Miles	0		
43 Monthly Mileage Based Charges	0		
44 Cost per Mile per Month	0		
Block 7: Bid Documentation			
45 Did you receive any bids in response to the Form 465 Request fo		ed on the RHCD website? Yes X No	
If you checked yes, copies of the bids MUST be submitted to RH	CD.		
Block 8: Certification			
46 X I certify that the above named entity has considered all bio			
		In the Universal Service Order as the service available at the	
		ability, and other factors that the health care provider deems	
necessary for the service to adequately transmit the healt			
47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify to			
requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal			
		letter from RHCD that erroneously states that funds will be	
made available for the benefit of the applicant may be subject to rescission.			
48 X I hereby certify that the billed entity will maintain complete billing records for the service for five years.			
49 X I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this			
form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.			
50 Signature 6 Date 07/27/2017			
52 Printed name of authorized person Geoff Boggs		53 Title or position of authorized person CEO	
54 Employer of authorized person USF Healthcare Consulting	J	55 Employer's FCC RN 0018694075	

Please remember:

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you must notifyRHCD immediately and submit a revised Form 466.
- If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal. https://forms.universalservice.org/usaclogin/login.asp Pawnee Mental Health Services 207-5 N Mill St Beloit, KS 67420

HCP: 28308

Cox 143006715

Acct # 001 1019 044446702

1.5M Metro Ethernet

25.L9XX.077586

Process month to month. Receiving 36m contract rate.

SA: 207-5 North Mill St. Beloit, KS 67420

End: Central Office – Beloit, KS

Rural Rate

Cost

\$ 684.00

Urban Rate – 36 month AT&T Switched Ethernet Contract

Cost

\$327.58(\$214.50 + \$113.08)



MANHATTAN KS 66505-0747

PO BOX 747

(NOT FOR PAYMENTS) **DEPARTMENT # 102432** PO BOX 1259 OAKS, PA 19456 6400 0090 NO RP 09 05102017 NNNNNNNY 01 001679 0009 PAWNEE MENTAL HEALTH SERVICES

May 09, 2017

CONTACT US:

www.coxbusiness.com

Page 1 of 6

800-620-6196

COX PIN

Account Number 001 1019 044446702

SERVICE ADDRESS

425 HOUSTON ST

MANHATTAN, KS 66502-6169

- գորիլինգունիկուննիրիրիիկինինինինինիրունիրույին

Account Summary as of May	, 2017
Previous Balance	\$8,360.30
Payment Received - Apr 24	-\$8,360.30
Remaining Previous Balance	\$0.00
New Charges: May 9, 2017 - Jun 8, 20	17
nternet	\$1,544.76
Telephone	\$6,083.00
Taxes, Fees and Surcharges	\$732,54
New Charges	\$8,360.30
Total Due By May 24, 2017	\$8,360.30



Make Your Life Easier and GO GREEN!
With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at www.coxbusiness.com/myaccounti

May 09, 2017 bill for PAWNEE MENTAL HEALTH SERVICES

Account Number 001 1019 044446702

Service at **425 HOUSTON ST**

MANHATTAN, KS 66502-6169

Total Due By May 24, 2017

\$8,360.30

COX BUSINESS PO BOX 248871 **OKLAHOMA CITY OK 73124-8871** րդիկինոկցիկիկիկինիկիկիկիկիկիկիկիկիկի



6400 0090 NO RP 09 05102017 NNNNNNNY 01 001679 0009
May 09, 2017 Bill for PAWNEE MENTAL HEALTH
SERVICES
Account number 001 1019 044446702
Page 2 of 6



Acct # 044446702 PAWNEE MENTAL HEALTH SERVICES
425 HOUSTON ST
MANHATTAN, KS 66502-6169

MANHATTAN, KS 66502-6169	
MONTHLY SERVICES May 9 - Jun 8	
INTERNET	
Cox Optical Internet 20 Mbps	\$788.00
Static IP Address	2.00
IP Address Block - /28 (16 IPs)	25.00
CBI Modem	4,99
CBI 10-10 Mbps x 2 Mbps	99.95
Internet Circuit Component	
Occurrence: 001	
ID: 25.HMXX.077545COXC.	
Description; COI 20 Mbps	
Total Internet	\$919.94
TELEPHONE	
Circuit Occurrence: 002	
Circuit 25.L9XX.077590COXC.	
Circuit Description: Metro E-40Mb UNI	
Metro E-40MB UNI Intrastate	\$700.00
Circuit Occurrence: 003	
Circuit 25.CUXX.077494.009.COXC Circuit Description: Metro E-40Mb EVC	
Metro E-EVC Intrastate	0.00
Total Telephone	\$700.00
TOTAL MONTHLY SERVICES	\$1,619.94
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
State Universal Service Fund	\$50.75
athre criticisal pet tice alia	400,70

Taxes, Fees and Surcharges cont. Total Telephone Taxes, Fees and Surcharges	\$50.75
Total Taxes, Fees and Surcharges	\$50.75
TOTAL FOR SERVICE ACCOUNT	\$1,670.69
Acct # 035635301 PAWNEE MENTAL HEALTH	SERVICES
814 CAROLINE AVE	
JUNCTION CITY, KS 66441-5210	
MONTHLY SERVICES May 9 - Jun 8	
INTERNET	
CBI Modem	\$4.99
CBI 50-50 Mbps x 10 Mbps	179.95
Total Internet	\$184.94
TELEPHONE	
Circuit Occurrence: 001	
Circuit 25,L9XX.077565COXC.	
Circuit Description: Metro E-5Mb	
Metro E-5MB UNI Interstate	\$410.00
Circuit Occurrence: 002	
Circuit Not Available	
Circuit Description: Not Available	
Metro E-EVC Interstate	0.00
Total Telephone	\$410.00
TOTAL MONTHLY SERVICES	\$594.94
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
Federal Universal Service Fund	\$71.34
Total Fees and Surcharges	\$71.34
Total Telephone Taxes, Fees and Surcharges	\$71.34



Payment options

Authorized Payment Centers.

Total Fees and Surcharges

Online: Visit cox.com to register for 24-hour online access or make payments to your account.

Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

In Person: Visit www.cox.com/business for a list of Cox

\$50.75





Taxes, Fees and Surcharges cont.	
Total Taxes, Fees and Surcharges	\$71.34
TOTAL FOR SERVICE ACCOUNT	\$666,28
Acct # 063006301 PAWNEE MENTAL HEALTH S	ERVICES
2001 CLAFLIN RD MANHATTAN, KS 66502-3415	
MONTHLY SERVICES May 9 - Jun 8	
INTERNET	
CBI Modem	\$4.99
CBI 100 - 100 Mbps x 20 Mbps	249.95 \$254.94
Total Internet	\$254.94
TELEPHONE	
Circuit Occurrence: 001	
Circuit 25,L9XX.077561COXC.	
Circuit Description: 10Mb Metro E - UNI	
Metro E-10MB UNI Intrastate	\$525.00
Circuit Occurrence: 002	
Circuit 25.CUXX.077494.003.COXC. Circuit Description: 10Mb Metro E EVC	
Metro E-EVC Intrastate	0.00
Total Telephone	\$525.00
Total Tatophone	
TOTAL MONTHLY SERVICES	\$779.94
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
State Universal Service Fund	\$38.06
Total Fees and Surcharges	\$38.06
Total Telephone Taxes, Fees and Surcharges	\$38.06
Total Taxes, Fees and Surcharges	\$38.06
TOTAL FOR SERVICE ACCOUNT	\$818.00
Acct # 071093601 PAWNEE MENTAL HEALTH	SERVICES
1558 HAYES DR	
MANHATTAN, KS 66502-5068	
MONTHLY SERVICES May 9 - Jun 8	
INTERNET	
CBI Modem	\$4.99
CBI 50-50 Mbps x 10 Mbps	179.95
Total Internet	\$184.94
TELEPHONE	
Circuit Occurrence: 001	Sala.
Circuit 25.L9XX.077560COXC.	

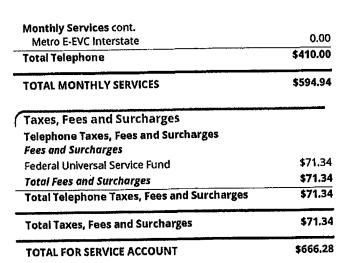
Circuit Description: Metro E-5Mb

Metro E-5MB UNI Interstate

Circuit Description: Not Available

Circuit Occurrence: 002

Circuit Not Available



ACCU# 076528201 PAWNEE M INTAL HEALTH SERVICES
210-W 215151
CONCORDIA, KS 66901-5200

MONTHLY SERVICES May 9 - Jun 8

TELEPHONE

Circuit Occurrence: 001

Circuit 25.1-9XX 077578.COXC.

Circuit Description: Metro E-5Mb

Metro E-5MB UNI Intrastate

Circuit Occurrence: 002

Circuit Not Available

Circuit Description: Not Available

Metro E-EVC Intrastate

Total Telephone

\$1,986.00

\$143.99
\$143.99
\$143.99
\$143.99
\$2,129.99

Acci # 076528701 PAWNEE HENTAL HEALTH SERVICES
503 GRANT AVE
CLAY GENTER, KS 67432-2931

MONTHLY SERVICES May 9 - Jun 8

TELEPHONE

\$410.00

Circuit Occurrence: 001 Circuit 25, L9XX, 077585, COXC, Circuit Description: Metro E-1.5Mb Metro E-1.5MB UNI Interstate

\$684.00



Monthly Services cont.	
Circuit Occurrence: 002	
Circuit Not Avallable	
Circuit Description: Not Available	
Metro E-EVC Interstate	0.00
Total Telephone	\$684.00
TOTAL MONTHLY SERVICES	\$684.00
Taxes, Fees and Surcharges	######################################
Telephone Taxes, Fees and Surcharges Fees and Surcharges	,
Federal Universal Service Fund	\$119.02
Total Fees and Surcharges	\$119.02
Total Telephone Taxes, Fees and Surcharges	\$119.02
Total Taxes, Fees and Surcharges	\$119.02
TOTAL FOR SERVICE ACCOUNT	\$803.02
Acet # 076528801 PAWNEE MENTAL HEALT	H SERVICES
207 Nimituse	controls when the desired consists and a seguing a seguing and a seguing
BELOH, KS 67470:2353	

TELEPHONE

Circuit Occurrence: 001

MONTHLY SERVICES

Circuit	*X:/ L:)\	(0.07/7/5	86°'CE	ΧŒ
Circuit	Descrip	otion: I	Metro I	-1.5Mb
Metr	o E-1 5	Mia UN	li inter	state

Circuit Occurrence: 002 Circuit Not Available

Circuit Description: Not Available

Metro E-EVC Intrastate 0.00 Total Telephone \$684.00

May 9 - Jun 8

TOTAL MONTHLY SERVICES \$684.00

4	axes,	re	es	and	Sur	cna	arg	es
_					• ••			-

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund \$119.02 Total Fees and Surcharges \$119.02 **Total Telephone Taxes, Fees and Surcharges** \$119.02 **Total Taxes, Fees and Surcharges** \$119.02

TOTAL FOR SERVICE ACCOUNT

Acct # 076709401 PAWNEE MENTAL HEALTH SERVICES Alde In Sirib et

MARYSVILLE, KS 66508-1496

MONTHLY SERVICES May 9 - Jun 8

TELEPHONE

Monthly Services cont,

Circuit Occurrence: 001

Circuit 25.L9XX.077587.,COXC.

Circuit Description: 5Mb Metro E UNI - Type II

Metro E-1,5MB UNI Interstate Circuit Occurrence: 002 Circuit 25.CUXX.077494,008.COXC Circuit Description: 5Mb Metro E EVC - Type II Metro E-EVC Intrastate 00,0 **Total Telephone** \$684.00 **TOTAL MONTHLY SERVICES**

\$684.00 Taxes, Fees and Surcharges Telephone Taxes, Fees and Surcharges Fees and Surcharges Federal Universal Service Fund \$119,02 Total Fees and Surcharges \$119.02 **Total Telephone Taxes, Fees and Surcharges** \$119.02 **Total Taxes, Fees and Surcharges** \$119.02 **TOTAL FOR SERVICE ACCOUNT** \$803,02

TOTAL NEW CHARGES

\$8,360.30

CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services

\$803.02

If your modem is disconnected or moved, or its battery is not charged or otherwise falls, phone service, including access to 911 services will not be available,



6400 0090 NO RP 09 05102017 NNNNNNNY 01 001679 0009 May 09, 2017 BIII for PAWNEE MENTAL HEALTH SERVICES Account number 001 1019 044446702

Page 5 of 6



Please review the following website for additional important information about Cox's 911 practices: http://ww2.cox.com/business/voice/regulatory.cox

Pay Per Call Charges

If you dispute any 900 or 700 information service charges, you may be entitled to a credit. You must request this credit by calling or writing Cox Communications within 30 days of receipt of this bill. Pending review, you may withhold payment of the disputed amount and collection of those charges will be suspended. You have the right to not be billed for Interstate 900 calls that violate federal law. You may request blocking of 900 services. You may be blocked from calling a 900 number for failure to pay legitimate 900 call charges and the information service provider may seek collection of those charges.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.





FCC Form **466**

Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB 3060—0804

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

	ck 1: HCP Information	-t O	an a a mali a	0	HOD Namber 4070		
	HCP Name Pawnee Mental Health Cer			2	HCP Number 1373	1	
	Total Total photocolors	4 Cons	ortium Name (If any)		-		
	ck 2: Bill Payer Information	Conto	Concordio	6	Billed Entity FCC RN	00116569	840
	Billed Entity Name Pawnee Mental Health	i Center	- Concordia	10	billed Effully FOO KIN	1 00 1 10300	340
	Contact Name Robert Hanson				· ·····		
_	Address Line 1 210 West 21st Street						
	Address Line 2			T 44	01/1/0	T : 00004	
_	City Concordia			+		Zip 66901	
		14 Fax#		15	Email robert.hans	on@pawne	ee.org
	ck 3: Funding Year Information			-,-			
10	Funding Year - Check only one box Year 2014 (7/1/2014-6/30/2015)	 	Year 2015 (7/1/2015-6/30	0/201	6) X Year	2016 (7/1/20)16-6/30/2017)
Blo	ck 4: Service Information		1.04. 2010 (1.1.2010 0.0	0,20 (·		,
_	Type of Service & Circuit Bandwidth (Docume	ntation re	quired) 5 Mbps				
18	Total Billed Miles 0		19 Maximum Allo	wable	Distance (From Form	n 465) 141	
20	Percentage of HCP's service used for the prov	ision of h	ealth care. 100)	(If less than 100%, p	lease explain	n.)
	If the HCP indicated it is a part-time eligible er			od of a	- allocating prorated sur	port.	
	•						

					· · · · · · · · · · · · · · · · · · ·		
	Zancoven filmentio				ik k	programme in the first of the f	561975 (B)
21	Service Provider Name	·	Cox Business	ghar '	2 % 1 man 2 2 3 12 12 12 12 12 12 12 12 12 12 12 12 12		The second secon
<u> </u>	Service Provider Identification Number (SPIN)	\	143006715				
	Service Provider Contact Person Name	<u> </u>	Cynthia				
24	Service Provider Contact Person's Phone #		316-260-7425				
25	Service Provider Contact Person Email		cynthia.schmucker@cox				
F	Circuit Start Location		210 W 21et St				
	Circuit Termination Location		Concordia KS Central Office				
\vdash			001 1019				
28	Billing Account Number		NA				
29	Tariff, Contract or other document reference r						
30			4/30/2015				
31	1 1 7777	if MTM)	МТМ				
32	Service Installation Date		4/30/2015				
	Actual Rural Rate per Month (Enclose Docum	•	1986.00				
34	If you are a consortium member OR have mu interconnect and which carrier(s) provides ea				gram to show how the m included:	e sites Yes X	No
-						<u> </u>	
35	Are you a mobile rural health care provider?	İ	Yes X No If yes, se	ee ins	tructions and attach a	list of all sites	s to be served.

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE					
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND					
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED I	F BOTH BLOCKS ARE COMPLETED.				
Block 5: Mileage-based Charge Discount Request					
Complete this block if you are seeking support for mileage (distance-based) charges	only. Do not enter any other charges in this block. You may need				
to ask your service provider representative to provide this information					
36 Billed Circuit Miles					
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.) o					
38 Cost per Mile per Month					
If Line 33 equals Line 37, please ensure that ONLY mileage-related charge	es are included in Line 37. (See instructions.)				
Block 6: Comprehensive Rate Comparison Request					
Complete Block 6 if you have not completed Block 5 and are requesting support for					
the provision of health care. The information in this block will establish the difference	between the urban and rural rates for your requested service.				
Please contact RHCD at (800 453-1546 if you need assistance.					
39 One-time Urban Rate Charge (in selected large city)					
40 One-time Rural Rate Charge (in city where HCP is located)					
41 Monthly Urban Rate (in selected large city). From RHCD					
website: or Other rate documentation attached:					
If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.				
42 Billed Circuit Miles 0					
43 Monthly Mileage Based Charges 0					
44 Cost per Mile per Month 0					
Block 7: Bid Documentation					
45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? Yes X No					
If you checked yes, copies of the bids MUST be submitted to RHCD.					
Block 8: Certification					
46 X I certify that the above named entity has considered all bids received an					
requested service or services. The "most cost-effective service" is define					
lowest cost after consideration of the features, quality of transmission, re					
necessary for the service to adequately transmit the health care services	required by the health care provider.				
47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP o	consortium that I am representing satisfies all of the				
requirements herein and will abide by all of the relevant requirements, in					
service benefits provided under 47 U.S.C. Sec. 254. I understand that a	ny letter from RHCD that erroneously states that funds will be				
made available for the benefit of the applicant may be subject to resciss	on.				
48 X I hereby certify that the billed entity will maintain complete billing records for the service for five years.					
49 X I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this					
form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.					
50 Signature	51 Date 07/27/2017				
F2 Drinted name of with friend names					
52 Printed name of authorized person Geoff Boggs	53 Title or position of authorized person CEO				
54 Employer of authorized person USF Healthcare Consulting	55 Employer's FCC RN 0018694075				

Please remember:

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately and submit a revised Form 466.
- If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal. https://forms.universalservice.org/usaclogin/login.asp Pawnee Mental Health Services 210 W 21st ST Concordia, KS 66901

Please process this service as month to month, still receiving 36 month contracted prices.

HCP: 13731 Cox 143006715

Acct: 001 1019 044446702

5M Ethernet 25.L9XX.077578

SA: 210 W 21st St Concordia, KS 66901

End: Central Office - Concordia KS

Rural Rate

Cost 1986.00

Urban Rate - AT&T Switched Ethernet 36 month contracted rates

\$373.35 (214.50+\$158.85)



(NOT FOR PAYMENTS) DEPARTMENT # 102432 PO BOX 1259 **OAKS, PA 19456** 6400 0090 NO RP 09 05102017 NNNNNNNY 01 001679 0009

PAWNEE MENTAL HEALTH SERVICES PO BOX 747 MANHATTAN KS 66505-0747



May 09, 2017

CONTACT US:

www.coxbusiness.com

Page 1 of 6

800-620-6196

Account Number 001 1019 0 4446702

COX PIN

8765

SERVICE ADDRESS

425 HOUSTON ST

MANHATTAN, KS 66502-6169

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Account Summary as of May 9	9, 2017
Previous Balance	\$8,360.30
Payment Received - Apr 24	-\$8,360.30
Remaining Previous Balance	\$0.00
New Charges: May 9, 2017 - Jun 8, 20	17
Internet	\$1,544.76
Telephone	\$6,083.00
Taxes, Fees and Surcharges	\$732.54
New Charges	\$8,360.30
Total Due By May 24, 2017	\$8,360.30



Make Your Life Easier and GO GREEN!
With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at www.coxbusiness.com/myaccounti

May 09, 2017 bill for PAWNEE MENTAL HEALTH SERVICES

Account Number 001 1019 044446702

Service at

425 HOUSTON ST

MANHATTAN, KS 66502-6169

Total Due By May 24, 2017

\$8,360.30

COX BUSINESS PO BOX 248871 **OKLAHOMA CITY OK 73124-8871** գկորացիրդիկութիկիրիցիկերիսիիկու



5400 0090 NO RP 09 05102017 NNNNNNNY 01 001679 0009 May 09, 2017 Bill for PAWNEE MENTAL HEALTH SERVICES Account number 001 1019 044446702 Page 2 of 6

Acct # 044446702



PAWNEE MENTAL HEALTH SERVICES

425 HOUSTON ST MANHATTAN, KS 66502-6169	
MONTHLY SERVICES May 9 - Jun 8	
INTERNET	
Cox Optical Internet 20 Mbps	\$788.00
Static IP Address	2,00
IP Address Block - /28 (16 IPs)	25.00
CBI Modem	4,99
CBI 10-10 Mbps x 2 Mbps	99.95
Internet Circuit Component	
Occurrence: 001	
ID: 25.HMXX.077545COXC.	
Description: COI 20 Mbps	
Total Internet	\$919.94
TELEPHONE	
Circuit Occurrence: 002	
Circuit 25.L9XX.077590COXC.	
Circuit Description: Metro E-40Mb UNI	
Metro E-40MB UNI Intrastate	\$700.00
Circuit Occurrence: 003	
Circuit 25.CUXX.077494.009.COXC	
Circuit Description: Metro E-40Mb EVC Metro E-EVC Intrastate	
Total Telephone	0.00 \$700.00
	\$700.00
TOTAL MONTHLY SERVICES	\$1,619.94
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	.
State Universal Service Fund	\$50,75
Total Fees and Surcharges	\$50.75

Total Telephone Taxes, Fees and Surcharges	\$50.75
Total Taxes, Fees and Surcharges	\$50.75
TOTAL FOR SERVICE ACCOUNT	\$1,670.69
Acct # 035635301 PAWNEE MENTAL HEALTH 814 CAROLINE AVE	SERVICES
JUNCTION CITY, KS 66441-5210	
MONTHLY SERVICES May 9 - Jun 8	
INTERNET	
CBI Modem	\$4.99
CBI 50-50 Mbps x 10 Mbps	179.95
Total internet	\$184.94
TELEPHONE	
Circult Occurrence; 001	
Circuit 25,L9XX.077565COXC.	
Circuit Description: Metro E-5Mb	
Metro E-5MB UNI Interstate	\$410.00
Circuit Occurrence: 002	
Circuit Not Available	
Circuit Description: Not Available	
Metro E-EVC Interstate	0.00
Total Telephone	\$410,00
TOTAL MONTHLY SERVICES	\$594.94
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
Federal Universal Service Fund	\$71.34
Total Fees and Surcharges	\$71.34
Total Telephone Taxes, Fees and Surcharges	\$71.34



Payment options

Authorized Payment Centers.

Online: Visit cox.com to register for 24-hour online access or make payments to your account. Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing. Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card. In Person: Visit www.cox.com/business for a list of Cox



6400 0090 NO RP 09 05102017 NNNNNNNY 01 001879 0009	
May 09, 2017 Bill for PAWNEE MENTAL HEALTH SERVICES Account number 001 1019 044446702 Page 3 of 6	

Total Taxes, Fees and Surcharges	\$71.34
TOTAL FOR SERVICE ACCOUNT	\$666.28
Acct # 063006301 PAWNEE MENTAL HEALTH S	SERVICES
2001 CLAFLIN RD	
MANHATTAN, KS 66502-3415	
MONTHLY SERVICES May 9 - Jun 8	
INTERNET	
CBI Modem	\$4.99
CBI 100 - 100 Mbps x 20 Mbps	249.95
Total Internet	\$254.94
TELEPHONE	
Circuit Occurrence: 001	
Circuit 25,L9XX.077561COXC.	
Circuit Description: 10Mb Metro E - UNI	+F0F 00
Metro E-10MB UNI Intrastate	\$525.00
Circuit Occurrence: 002 Circuit 25,CUXX,077494.003.COXC.	
Circuit Description: 10Mb Metro E EVC	
Metro E-EVC Intrastate	0.00
Total Telephone	\$525.00
TOTAL MONTHLY SERVICES	\$779.94
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
State Universal Service Fund	\$38,06
Total Fees and Surcharges	\$38.06
Total Telephone Taxes, Fees and Surcharges	\$38.06
Total Taxes, Fees and Surcharges	\$38.06
TOTAL FOR SERVICE ACCOUNT	\$818.00
Acct # 071093601 PAWNEE MENTAL HEALTH	SERVICES
1558 HAYES DR	
MANHATTAN, KS 66502-5068	
MONTHLY SERVICES May 9 - Jun 8	
INTERNET	
CBI Modem	\$4.99
CBI 50-50 Mbps x 10 Mbps	179.9
Total Internet	\$184.9
TELEPHONE	
TELEPHONE Circuit Occurrence: 001 Circuit 32 LOVY 077560 COVC	

Circuit 25,L9XX.077560..COXC.

Circuit Description: Metro E-5Mb

Metro E-5MB UNI Interstate

Circuit Description: Not Available

Circuit Occurrence: 002

Circuit Not Available

Monthly Services cont. Metro E-EVC Interstate	0.00
Total Telephone	\$410.00
TOTAL MONTHLY SERVICES	\$594.94
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
Federal Universal Service Fund	\$71.34
Total Fees and Surcharges	\$71.34
Total Telephone Taxes, Fees and Surcharges	\$71.34
Total Taxes, Fees and Surcharges	\$71.34
TOTAL FOR SERVICE ACCOUNT	\$666.28
Acct # 076528201 PAWNER MENTAL HEALTH	SERVICES
(PAROWALESPEN)	4 to the second of the Second
CONCORDIA, KS 66901-5200	
MONTHLY SERVICES May 9 - Jun 8	
TELEPHONE	
Circuit Occurrence: 001	
Circuit 25,L9XX-077578, COXC.	
Circuit Description: Metro E-5Mb	
Metro E-5MB UNI Intrastate	\$1,986.00
Circuit Occurrence: 002	
Circuit Not Available	
Circuit Description: Not Available	
Metro E-EVC Intrastate	0.00
Total Telephone	\$1,986.00
TOTAL MONTHLY SERVICES	\$1,986.00
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
State Universal Service Fund	\$143.99
Total Fees and Surcharges	\$143.99
Total Telephone Taxes, Fees and Surcharges	\$143.99
Total Taxes, Fees and Surcharges	\$143.99
TOTAL FOR SERVICE ACCOUNT	\$2,129.99



\$410.00

Circuit Occurrence: 001 Circuit 25.L9XX.077585..COXC. Circuit Description: Metro E-1.5Mb

CDAY/CENTER, KS 67/432/2984

MONTHLY SERVICES

Acct # 076528701 PAWNEE N ENTAL HEALTH-SERVICE 503 GRANITAVE

May 9 - Jun 8



Page 4 of 6

Monthly Services cont.

Circuit Occurrence: 002 Circuit Not Available

Circuit Description: Not Available

TOTAL MONTHLY SERVICES	\$684.00
Total Telephone	\$684.00
Metro E-EVC Interstate	0.00

Taxes,	Fees	and	Surch	arges
>()		~~~		~,6

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund \$119.02 **Total Fees and Surcharges** \$119.02 Total Telephone Taxes, Fees and Surcharges \$119.02 **Total Taxes, Fees and Surcharges** \$119.02

TOTAL FOR SERVICE ACCOUNT

Acct # 076528801 PAWNEE MENTAL HEALTH SERVICES

\$803.02

\$803.02

207 N MILL ST BE(0)), (6/07/20-28/3

MONTHLY SERVICES

May 9 - Jun 8

TELEPHONE

Circuit Occurrence: 001

Circuit 25.19XX.077586.COXC

CIFCUIT DESCRIPTION	: Metro E-1.5MD	
	Metro E-1.5MD	
MANUS F 4 FAIDS	1K1114144444444 + + + + + + + + + + + + +	4 00

Circuit Occurrence: 002 Circuit Not Available

Circuit Description: Not Available

Metro E-EVC Intrastate 0.00 \$684.00 **Total Telephone**

TOTAL MONTHLY SERVICES \$684.00

Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund \$119.02 \$119.02 **Total Fees and Surcharges** \$119.02 **Total Telephone Taxes, Fees and Surcharges Total Taxes, Fees and Surcharges** \$119.02

TOTAL FOR SERVICE ACCOUNT

क्षण्डा । अस्ति ।

Acct # 076709401 PAWNEE MENTAL HEALTH SERVICES

MONTHLY SERVICES

MARYSVILL KS 56508-1496

May 9 - Jun 8

TELEPHONE

Monthly Services cont.

Circuit Occurrence: 001

Circuit 25.L9XX.077587..COXC.

Metro E-1.5MB UNI Interstate	\$684.00
Circult Occurrence: 002	
Circuit 25.CUXX.077494.008.COXC	
Circult Description: 5Mb Metro E EVC - T	ype II
Metro E-EVC Intrastate	0.00
Total Telephone	\$684.00

Taxes, Fees and Surcharges

TOTAL MONTHLY SERVICES

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund \$119.02 Total Fees and Surcharges \$119.02 Total Telephone Taxes, Fees and Surcharges \$119.02

\$119.02 **Total Taxes, Fees and Surcharges**

TOTAL FOR SERVICE ACCOUNT \$803.02

TOTAL NEW CHARGES

\$8,360.30

\$684.00

CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

If your modem is disconnected or moved, or its battery is not charged or otherwise falls, phone service, including access to 911 services will not be available.



6400 0090 NO RP 09 05102017 NNNNNNNY 01 001679 0009 May 09, 2017 BIII for PAWNEE MENTAL HEALTH SERVICES Account number 001 1019 044446702 Page 5 of 6





Please review the following website for additional important information about Cox's 911 practices:

http://ww2.cox.com/business/voice/regulatory.cox



If you dispute any 900 or 700 information service charges, you may be entitled to a credit. You must request this credit by calling or writing Cox Communications within 30 days of receipt of this bill. Pending review, you may withhold payment of the disputed amount and collection of those charges will be suspended. You have the right to not be billed for Interstate 900 calls that violate federal law. You may request blocking of 900 services. You may be blocked from calling a 900 number for failure to pay legitimate 900 call charges and the information service provider may seek collection of those charges.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.



